

5. Strategies, Programs, Services and Projects

The following strategies are the recommended programs, projects and services to improve the lives of children and families in Santa Clara County. They were developed through a coordinated effort of community meetings involving parents; discussions with our expert/partners, policymakers and others with experience in children and family issues; research concerning “best practices”; and the *Selected Resources Research for Priority Strategies*.

The strategies are designed to build on successful programs in Santa Clara County and to follow the lead of strategies proven to produce results for children and families. Most importantly, these strategies will help create the more customer-friendly, integrated system of services that families in Santa Clara need and want. Key features of all the strategies should include pro-

viding emergency assistance where appropriate, as well as increasing access—this could include providing transportation to enable families to use the system of services.

Twenty-one strategies are presented in this section. They are the recommendations of the strategic planning participants and describe a long-term (four- to five-year) approach to enhancing and integrating programs and services that benefit children and families. Clearly, successful implementation of these strategies will depend on new and enhanced partnerships in the county and on creative collaborations forged by public- and private-sector leaders to leverage Prop. 10 funds.

STRATEGY 1

Parent Education and Support

Establish a comprehensive education and support program for parents and all other primary caregivers.

Program could involve creation of new services and/or coordination and enhancement of existing services. Co-locate at child care centers, work sites, apartment complexes, community centers, schools, churches, neighborhoods, and one-stop and family resource centers, and supplement with home gatherings. Promote through all appropriate forms of media/distribution (including local community/bilingual newspapers, parenting publications, English- and foreign-language TV, grocery store bags, flyers, libraries, PTA, school lunch menus). Parent education must be sensitive to parent-child dynamics. Parent education and support programs should consider the Developmental



Asset Framework (see Appendix D). Child care must be provided at all parenting classes. This comprehensive program must be culturally appropriate and inclusive of families with children with special needs. It could include:

- 1.1 Parent modeling and mentoring
- 1.2 Self-improvement and self-sufficiency programs for parents (such as family literacy, ESL classes, job training, smoking cessation classes and support groups, etc.)
- 1.3 Parent education through classes and other means that increase parents' motivation to provide a stimulating environment and address: (a) understanding your child's development—such as how to recognize your child's growth, learning and abilities as well as your own strengths—and using a child development assessment tool created for parents/caregivers; (b) discipline strategies; (c) how to parent children with special physical/mental or behavioral needs; (d) the importance of early intervention/prevention; (e) the importance of routines for relationship-building; (f) health issues and services; (g) the importance of parental involvement in their children's education; and (h) the effects of television, and specifically television violence on young children.
- 1.4 A youth and teen program that includes (a) a comprehensive program for teen parents—transportation, child care, parent education—with focus on “stopping the cycle”; (b) a Little Sisters program to educate siblings of teen parents; and (c) pre-parenting education that is integrated into high- and middle-school curricula.
- 1.5 A peer support programs for parents and caregivers that includes (a) coffee clubs, (b) co-ops (cooking, babysitting, etc.) and (c) facilitated support groups to address special needs of single parents, marrieds, teens, disabled, dads, foster and adoptive parents, and grandparents.
- 1.6 Special support services for those with special needs: training/mobility for grandparents, assistance to foster/adoptive parents, etc.
- 1.7 Recruitment and retention program to encourage more Latino and African-American families to foster/adopt children in the child welfare system.

- 1.8 Increased opportunities for all parents to get a break from parenting through (a) weekend child care program and (b) babysitter training for teenagers.
- 1.9 Support for existing family strengths by creating ongoing forums for parents to talk about values. Build on strong family values of immigrant families. Use local faith communities to promote and teach values.
- 1.10 Parent education programs/orientations for new immigrant families.
- 1.11 Education about proper nutrition and the effect of malnutrition on children's development and proper car seat usage.
- 1.12 Domestic violence prevention programs as well as support for survivors of domestic violence.

STRATEGY 2

One-Stop Family Resource Centers

Develop a comprehensive, coordinated system of one-stop service and family resource centers to provide information and assistance with all types of health, child care, parent education and other needs, including outreach and referral services.

Centers should be:

- a. Neighborhood-based, -developed and -staffed,
- b. Co-located at other community centers (schools, etc.) with other services and recreational/social activities,
- c. Located on public transportation routes,
- d. Intergenerational,
- e. Free to individuals below a certain income with a sliding scale fee for those who can afford it,
- f. Inclusive of children with disabilities, and
- g. Culturally appropriate.

Encourage a variety of community organizations to provide services through centers. Programs should include domestic violence prevention, and could also include tutoring and reading programs for young children. When appropriate, offer combination programs that couple one-stops and family resource centers with door-to-door and other types of outreach to take services directly to families. Target specific areas to develop neighborhood outreach program to distribute information on services and key numbers to call. Potential partners include Public Health Nursing, neighborhood associations, community-based organizations and early intervention program centers.

STRATEGY 3

Information and Referral

Create a comprehensive, countywide information and referral system.

All facets of system will be culturally and linguistically appropriate, and all one-stop/ community centers will have access to online directory and other resources. This system will be designed for use by families (information/ education), case managers (identification and

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referral, system navigation) and providers (identification and referrals).

- 3.1 Support the growth and maintenance of existing Santa Clara County online service directory, including countywide child development resource information for parents, staff and businesses in a central database.
- 3.2 Create a 24-hour centralized hotline (like 911) to assist callers in finding the resources and services they seek. Links to multilingual domestic violence prevention services will be particularly important.
- 3.3 Develop and distribute a child care quality rating/tool system for parents and caregivers.
- 3.4 Create website to provide information on caring for infants and toddlers. Information should be geared toward both parents and child care providers.
- 3.5 Create an integrated and user-friendly child care information and referral service (i.e., a central hotline, comprehensive directory of services, Web page of resources, coordinated waiting list) for providers and parents that provides the

same quality of referrals for all parts of the county.

- 3.6 Support the creation and maintenance of city resource guides, which would contain the information provided in the online directory and would be distributed to families when they get their phone books, as well as through child care facilities, libraries and other means.
- 3.7 Expand the Palo Alto “Ambassador Program” to the other 14 Santa Clara County cities. Train community volunteers to provide information on community resources and services to families. Choose volunteers who represent key groups and organizations that are already linked to families (i.e., libraries, child care centers, family child care homes, elementary schools, churches, neighborhood associations, park and recreation programs, community centers, community organizations supporting specific ethnic groups, public health nurses, etc.). Ambassadors have access to the online service directory, as well as “desktop kiosks.”

- 3.8 Create public awareness campaign to educate residents on the various components of the information and referral system.

STRATEGY 4

Locally Available Health Services

Foster and strengthen a network of locally available health services that will provide a more accessible, customer-oriented system of care for all county residents.

Integrate local health services with one-stop service and family resource centers where possible. Or, co-locate neighborhood-based health services with schools or community centers in communities where this is appropriate. Establish stronger partnerships among health providers, schools, child care providers, transportation providers, domestic violence programs and community agencies. Use a coordinated approach using resources from both the public and private sectors. Services, which will be tailored to local community needs, may include:

- 4.1 A universal program of regular, well-child medical services.

- 4.2 Enhanced prenatal care through more outreach and by making services more accessible and culturally appropriate.
- 4.3 Significantly improved dental services for young children. Recruit more dentists to serve low-income children and provide additional support (e.g., enhanced reimbursement, assistance with outreach, etc.) to existing dental providers who care for low-income individuals.
- 4.4 Expanded mental health services for children—screening, assessment and treatment—by integrating them into all health programs. Increase mental health coverage for foster and adoptive children.
- 4.5 Expanded and enhanced programs addressing alcohol, drug and tobacco use among pregnant mothers and parents/caregivers of young children.
- 4.6 Provide health assistance for children with special needs and for low-income families.
- 4.7 Increase counseling and services for parents who have previously had children with physical and/or mental anomalies.

- 4.8 Expand the existing health-based reading program targeted at young children.

Build on current models—school-based services, community health centers, etc.—that combine prevention-oriented resources and treatment services. The network of neighborhood health services may also include the following approaches:

- 4.9 Expanded health insurance coverage for children age 0 to 5 and their families.
- 4.10 A simplified and more pro-active case management system to help families address their needs for prevention and treatment, including a “medical home” for each family, parent mentors and standard, simplified forms for intake and tracking.
- 4.11 Expanded outreach by trained health outreach personnel for (a) information and education, (b) identification of conditions that need to be addressed, and (c) transition assistance to services. The outreach will be culturally appropriate and address families’ fear of involvement with government. Use community outreach workers as model.

- 4.12 Expanded *mobile* health services for medical, dental and mental health.
- 4.13 A home visiting program for (a) new babies and mothers and (b) high-risk families.

STRATEGY 5

Nutrition

Enhance current programs to improve nutrition among children and families. Increase funding of these programs to serve more families who are not currently eligible.

- 5.1 Improve and expand nutrition education through schools, child care centers, the media and other means.
- 5.2 Expand and enhance food programs that serve low-income families at child care centers, schools and other locations.
- 5.3 Expand the federally funded Women, Infants and Children (WIC) program to serve more families.
- 5.4 Increase availability of food assistance programs for families who need emergency assistance.

STRATEGY 6

Child Development Workforce

Expand and retain a highly qualified child development workforce.

- 6.1 Improve provider wages and benefits by (a) providing increased wages in the form of stipends to providers who pursue skills enhancement (develop local CARES program) and who demonstrate longevity in the child care program for which they work and (b) implementing a PERS-type comprehensive benefits program for child care staff at licensed, accredited facilities.
- 6.2 Establish a Professional Development Academy with a standardized program by (a) articulating agreements with community colleges; (b) forming a training consortia with interested colleges; (c) building leadership skills to continue replenishing professionals at all levels of the child development field; and (d) creating a roving team of experts in varying areas to train and support child care providers. Offer training opportunities in multiple languages and at convenient hours. Expand training in cultural com-

petence and caring for special needs children. Encourage use of curricula to promote healthy behaviors.

- 6.3 Offer educational support services, such as loans and grants to all professionals in the field.
- 6.4 Connect health, mental health and family assistance agencies with providers for training in identifying and treating health issues.
- 6.5 Encourage new business development by creating a countywide recruitment plan for family child care providers, teachers and directors.
- 6.6 Improve recruitment and training of ethnically diverse child care providers.

STRATEGY 7

Child Care Subsidies

Expand subsidies to make quality child care available to more low-income families in the county.

- 7.1 Increase funding provided directly to child development centers to subsidize slots.
- 7.2 Increase funding to Alternative Payment Providers to distribute to families in the form of vouchers.
- 7.3 Create child care fund for foster parents caring for children age 0 to 5.
- 7.4 Subsidize school districts to provide child care on-site to keep teen mothers in school.
- 7.5 Advocate at the federal and state level to raise income eligibility for subsidized child care.

STRATEGY 8

Child Care Facilities

Establish a countywide child care facilities fund and action plan that would result in new and expanded facilities.

- 8.1 Advocate to change zoning and other restrictions that unnecessarily limit child care facilities in residential neighborhoods, existing buildings, etc., and encourage developers to set aside land for them.
- 8.2 Improve, repair and renovate existing family child care homes and child care centers by providing loans and grants. Offer planning grants to begin the process. Upgrade existing facilities to meet quality standards.
- 8.3 Create a network of support services and resources for family child care providers for start-up and development.
- 8.4 Provide technical assistance through development intermediaries (consultants) for business support, construction/contractor services and financial package analysis.

STRATEGY 9

Early Identification of Learning Differences

Increase early identification for children with impairments to learning and link to appropriate intervention services.

- 9.1 Increase partnerships between health providers and child development professionals to ensure early identification of children birth to age four with vision, hearing, speech, language and other disabilities. Offer screening and detection services in family child care homes and child care centers.
- 9.2 Educate parents about early detection of special needs and early intervention services through family child care homes and child care centers.

STRATEGY 10

Affordable Enrichment Programs

Increase affordable enrichment programs (art, music, drama, drawing, dancing and other creative activities) for young children.

Integrate children with special needs and from all cultures rather than separating them. Offer these programs at existing community/youth centers, one-stops and schools, at times when parents can participate and with opportunities for them to volunteer.

STRATEGY 11

Neighborhood-Based Initiatives

Strengthen and expand neighborhood associations and other neighborhood-based initiatives in areas that need assistance and ensure that outreach and services are culturally appropriate.

- 11.1 Link with parent educators to provide culturally appropriate parent education groups in the neighborhood.
- 11.2 Create a neighborhood respite care co-operative.
- 11.3 Organize a play group for young children.
- 11.4 Provide tutoring programs for children.
- 11.5 Create a coalition of neighborhood association leaders to share ideas.
- 11.6 Conduct a needs assessment that includes mapping of existing assets to identify what activities interest neighbors
- 11.7 Link association members with “Ambassador Program” in various cities to disseminate information about community resources and services.

11.8 Partner with law enforcement and fire departments to create neighborhood watch and emergency preparedness groups, as well as provide education to young children on safety.

11.9 Hold community gatherings quarterly to socialize, eat, advocate or share information.

11.10 Create a community garden.

11.11 Build something the neighborhood needs.

11.12 Hold annual events, such as a parade or culture fair to celebrate your community’s diversity and harmony.

11.13 Create a neighborhood bartering club. Rely on neighbors for help with home improvement projects, transportation or gardening.

11.14 Advocate for increase cultural competency among law enforcement.

11.15 Partner with community-based organizations to bring activities and services to apartment complexes.

11.16 Increase linkages between neighborhood groups and school to improve education for children.

STRATEGY 12

Traffic and Auto Safety

Expand traffic and auto safety programs.

Potential partnerships include law enforcement, city government, the business community, neighborhood associations and Public Health.

12.1 Expand programs that provide affordable or free car seats for infants and bike helmets for young children. Potential partners include neighborhood community centers, fire stations, car dealers, schools and hospitals.

12.2 Recruit more culturally sensitive trainers who can educate parents about proper car seat installation and usage.

12.3 Create multilingual public awareness campaign to educate parents on availability of free car seats, as well as the law enforcement activity to increase and maintain high safety belt and child safety seat usage.

12.4 Ensure all birthing hospitals require child safety seat usage for discharged newborns.

- 12.5 Expand occupant protection enforcement for low safety belt/car seat usage groups such as children age 0-4.
- 12.6 Enforce pedestrian crosswalk, bicycle and right-of-way laws and ordinances.
- 12.7 Increase comprehensive school-community linked pedestrian and bike safety education programs in variety of languages.
- 12.8 Zebra stripe key crosswalks.
- 12.9 Place bicycle lanes on more streets.
- 12.10 Install speed humps on neighborhood streets to slow traffic down.

STRATEGY 13 Basic Needs

Increase the number of families who can afford to meet their basic needs such as food, health care, child care, housing and transportation by implementing a number of policy and service changes, including:

- 13.1 Increasing earning power by (a) establishing a “living wage,” (b) increasing the minimum wage, (c) paying quality wages

for quality K-12 teachers and child development teachers and (d) increasing wages of those working in nonprofits.

- 13.2 Significantly increasing access to safe, affordable housing by (a) establishing rent control, (b) creating programs to subsidize housing for teachers/other child care workers, (c) offering more first-time home buyers programs, (d) advocating for quality and safety in low-income/affordable housing and (e) expanding home-sharing programs, especially for single parents.
- 13.3 Providing support for families where one parent would like to stay home through (a) tax credit similar to the Earned Income Tax Credit (EITC) for parents who have been in the work force and (b) financial planning/assistance programs.
- 13.4 Establishing an emergency assistance program.

STRATEGY 14

Education and Outreach

Conduct a series of community education/outreach/advocacy programs, targeting different audiences with specific messages:

- 14.1 A comprehensive, community-wide campaign (not just targeted at parents) on the importance of early childhood development. Use all media—radio, TV, billboards, brochures, video, internet, etc.—and integrate into entertainment media when possible. Integrate Developmental Asset Framework (see Appendix D).
- 14.2 Outreach/advocacy programs targeted at the private sector to (a) encourage flex-time policies, lunchtime education and other support programs for working parents; (b) educate employers about the effect of overwork on families; (c) establish a network for businesses to share ideas, receive technical assistance, and form collaborations and partnerships for programs such as on-site child care; (d) educate businesses that employ youth about the Developmental Asset Framework and provide concrete examples of

what they can do to promote assets in youth; and (e) solicit financial support to match Prop. 10 funding of programs.

- 14.3 Education campaign targeted at kids, parents, community, child care providers and other targeted groups about how to recognize the signs of abuse/neglect.
- 14.4 A media campaign targeted at families to teach them what they can do together. Model on MADD, 10 signs of alcohol abuse, etc. Recycle radio and television spots that have been used before to save costs.
- 14.5 A major, multilingual, multifaceted (information, education, experience, discussion, peer observation, etc.) health education campaign for parents and caregivers to address multiple issues, including tobacco cessation.

STRATEGY 15

Nonprofit Support

Increase sustainability of programs by:

- 15.1 Educating funders about the challenges faced by the nonprofit community,

appropriate funding cycles and how to encourage collaboration instead of competition.

- 15.2 Providing support for nonprofits seeking funding.

STRATEGY 16

Domestic Abuse Treatment/Reduction

Reduce violence in the home by:

- 16.1 Increasing the amount of assistance available to battered women of all cultures and their children, including expanding multilingual domestic violence hotlines.
- 16.2 Enhancing drug and alcohol treatment programs by making them more affordable and available to a greater number of people. Partner with and enhance existing successful programs.
- 16.3 Increasing anger management classes and other counseling opportunities for perpetrators of domestic violence.

STRATEGY 17

Health Care Capacity

Increase the capacity of local health services by:

- 17.1 Modifying health-program eligibility standards to better serve the working poor and simplify standards for all families.
- 17.2 Increasing funding for Healthy Families and Medi-Cal to pay for additional eligible families.
- 17.3 Increasing reimbursement rates for health providers in order to expand services for low-income families. Reimburse providers for disease management services.
- 17.4 Providing incentives to attract and retain better trained health care workers who can more effectively serve specific communities, such as those with language or cultural needs.

STRATEGY 18

Healthy Environment

Enact and strengthen policies and laws that will create healthier homes and communities for children—tobacco, lead, toxics, ground-level ozone, poor drinking water quality, etc.

STRATEGY 19

Child Care Quality Incentives

Provide incentive grants to family child care homes and child development centers to increase quality and accessibility.

- 19.1 Increase parent involvement in the program.
- 19.2 Create specialized child care slots for children with special needs and for foster children.
- 19.3 Offer parent education on-site.
- 19.4 Offer comprehensive information to parents on other community resources and services.

- 19.5 Change hours of operation to better meet family needs.
- 19.6 Locate child care centers at transportation hubs.
- 19.7 Offer transportation for families and children to child care facilities.
- 19.8 Offer or link with existing family literacy program.
- 19.9 Enhance program to meet nationally recommended standards of quality.

STRATEGY 20

Healthy Behaviors

Expand child care/preschool and kindergarten curricula to teach healthy behaviors to children at a very young age.

- 20.1 Promote cross-cultural understanding among young children, including education about alternative cultures/lifestyles and peaceful, non-violent behavior. Include activities that promote parent education and involvement.
- 20.2 Teach young children about the effects of tobacco/drug use. Include activities

that promote parent education and involvement.

- 20.3 Teach young children about respect for parents, teachers and elders.

STRATEGY 21

Online Forum

Create an online, interactive forum for residents to provide input to civic leaders on a variety of issues affecting families and early childhood development.

Forum must be accessible to people from all cultures and socioeconomic groups in the county.

6. Funding Priorities

Although the strategies in Part 5 represent recommendations for the best overall approach to achieving the vision and goals in the long-term, the amount of money available from Prop. 10 is not enough to completely fund all these strategies. For cost-efficiency, we needed to look at which ones would offer the greatest potential for leveraging other existing and new resources, as well as which would provide some “quick wins” while making steady progress toward the long-term objectives.

The priority strategies listed below were selected by the planning process participants for Prop. 10 funding in the **first three years of the Initiative**. The Commission will regularly review and evaluate progress toward the goals and long-term objectives using both community-wide indicators and program-specific performance measures (see Part 8).

These eleven strategies were chosen from the 21 strategies described in the previous section of

the plan. The criteria and process used to select them are included in Appendix A. The remaining strategies may be funded in years four and five. The Commission will also advocate for greater support for these strategies and other expressed needs, such as housing, libraries and expanded water fluoridation.

The Commission will set aside 5 to 10 percent of the annual funds for administrative purposes. This will include evaluation as well as the advocacy and partnership efforts described above. Three percent will be placed in an endowment in an effort to extend the life of the Initiative; any unused administrative funds will also be placed in the endowment. Of the remaining 87 to 92 percent of funds, 95 percent is designated for the 11 priority strategies found below. An additional 5 percent will be placed in a reserve fund to allow the Commission flexibility to add to funds allocated for specific strategies as warranted.

Included with each priority strategy below is the recommended funding level along with any funding assumptions used in determining that level; the gaps addressed (in abbreviated form); the goals and long-term objectives addressed (in abbreviated form); a sampling of the existing resources upon which the strategy can build; and the relevant best practices based on a review of literature. (Note: For full text of the strategy, see Part 5).



STRATEGY 1

Parent Education and Support

Establish a comprehensive education and support program for parents and all other primary caregivers that could include parent education, self-improvement and self-sufficiency programs, smoking cessation, domestic violence prevention, youth/teen parenting, support programs for all types of parents, special support for those with special needs, recruitment/retention program for Latino and African-American foster/adoptive families, respite care for all parents, forums for parents to talk about values, orientations for new immigrant families, and education about nutrition and car seat safety.

Recommended funding level

- 18 percent over three years

Funding assumptions

- Implement countywide.
- Use Prop. 10 funds for start-up capital, operational support for new programs or enhancement of existing programs.
- Fund for three or more years depending on evaluation results.

Gaps addressed

SAFE, STABLE, STIMULATING HOMES

- Parents need more assistance and support.
- There is not enough information available about existing services.
- Some families lack sufficient income, transportation and housing.
- Children need more protection from abuse, neglect and domestic violence.
- Too many children are in the child welfare system.
- There are not enough foster/adoptive homes, particularly for children of color.

SAFE NEIGHBORHOODS AND COMMUNITIES

- Communities and neighborhoods need to be more supportive of/helpful to families.
- Infants need to be protected from motor vehicle injuries.

Goals and long-term objectives addressed

GOAL 1. Families provide safe, stable, loving and stimulating homes for children.

- A. More parents who feel knowledgeable and confident about raising healthy children.

- B. More children living in homes free of the effects of drug and alcohol abuse.
- C. Fewer incidences of violence in the home.
- D. More families who can afford food, child care, health care, housing and transportation.
- E. More young children in the child welfare system who find permanent homes within 18 months of placement.

GOAL 2. All children are born healthy and experience optimal health.

- A. Fewer young children with health problems because they don't eat healthy food.
- B. Fewer young children with anemia.

GOAL 3. Young children will actively learn about themselves and their world, both inside and outside the home, and will enter school fully prepared to succeed academically, emotionally and socially.

- A. More parents who can read.
- B. More parents who understand and are able to support the healthy development of children 0 to 5.

Samples of resources to build upon

- School-based family literacy programs focusing on the entire family (early childhood education, parent education, adult literacy and parent/child time together)
- Foster/adoptive parental assistance
- Parent education programs that bring parents face to face
- Topic-specific support groups (breastfeeding, playgroups) that expand into general parent-to-parent support
- Drop-in assistance for teens at school sites
- Bonding activities for families with newborns with disabilities

Relevant best practices

- Home Instruction Program for Preschool Youngsters: Appendix D, Page D-5
- Parents as Teachers: Appendix D, Page D-5
- Parent Information and Resource Centers: Appendix D, Page D-7



STRATEGY 2

One-Stop Family Resource Centers

Develop a comprehensive, coordinated system of one-stop service and family resource centers to provide information and assistance with all types of health, child care, parent education, domestic violence prevention and other needs, including outreach and referral services. Incorporate tutoring assistance and expand reading program for young children. Centers should be neighborhood-based, co-located at other community centers, close to public transportation, intergenerational, free or with a sliding scale fee for those who can afford it, inclusive and culturally appropriate.

Recommended funding level

- 10 percent over three years

Funding assumptions

- Prioritize low-income areas/poverty zones.
- Use Prop. 10 funds for start-up capital, operational support for new programs or enhancement of existing resource centers.

- Create five new centers over three years by leveraging Prop. 10 funds.
- Fund for three years or more depending on evaluation results.

Gaps addressed

- All (potentially)

Goals and long-term objectives addressed

- All (potentially)

Samples of resources to build upon

- Family Resource Centers
- Neighborhood Self-Sufficiency Centers for CalWORKs participants
- Other neighborhood centers
- School-based programs to improve academic performance

Relevant best practices

- California Healthy Start Initiative: Appendix D, Page D-6
- Allegheny County Family Support Centers: Appendix D, Page D-6
- Hope Street Family Center: Appendix D, Page D-7
- Parent Information and Resource Centers: Appendix D, Page D-7

STRATEGY 3

Information and Referral

Create a comprehensive, countywide information and referral system that is culturally and linguistically appropriate and accessible by one-stop/community centers. It should include online and telephone access, as well as integrated and user-friendly child care information/referral and referrals to multilingual domestic violence hot-lines. It will be used by families (information/education), case managers (identification and referral, system navigation) and providers (identification and referrals). It will be promoted via city resource guides, an expanded “ambassador program” and a public awareness campaign.

Recommended funding level

- 3 percent over three years

Funding assumptions

- Implement countywide.
- Use Prop. 10 funds for start-up capital.
- Use Prop. 10 funds to leverage funds and partnerships from high-tech resources to enhance existing information systems.

- Pilot Palo Alto Ambassador Program in three sites for one year; expand depending on evaluation results.
- Fund overall strategy for three years or more depending on evaluation results.

Gaps addressed

- All (potentially)

Goals and long-term objectives addressed

- All (potentially)

Samples of resources to build upon

- On-Line Service Directory
- Person-to-person referral assistance
- Telephone information and referral
- Neighborhood canvassing programs

Relevant best practices

- Family Resource Centers: Appendix D, Page D-6



STRATEGY 4

Locally Available Health Services

Foster and strengthen a network of locally available health services—including well-child services, enhanced prenatal care, improved dental services, expanded mental health services, substance abuse prevention services, health assistance for children with special needs and low-income families, services for parents of children with physical and mental anomalies, and an expanded reading program for young children—that will provide a more accessible, customer-oriented system of care for all county residents. Services should be integrated through coordination, co-location and partnerships, but be tailored for local needs. The network could include a user-friendly case management system, expanded health outreach personnel, expanded mobile health services and a home visiting program. Build on current models—school-based services, community health centers, etc.—that combine prevention-oriented resources and treatment services.

Recommended funding level

- 20 percent over three years

Funding assumptions

- Implement mix of countywide and targeted services as described in the strategy.
- Emphasize mental and dental services for low-income children.
- Use Prop. 10 funds for start-up capital or enhancement of existing locally based health services.
- Leverage Prop. 10 funds to provide operational support to new programs.
- Fund for three years or more depending on evaluation results.

Gaps addressed

HEALTHY FAMILIES

- Health services are too complex.
- Women are not getting enough prenatal care.
- Health care services are not focused enough on prevention.
- Teen mothers are still testing positive for alcohol/drugs.
- There is not enough dental care for low-income children.
- Families do not have health insurance.

- Families have difficulty locating mental health services.

Goals and long-term objectives addressed

GOAL 2. All children are born healthy and experience optimal health.

- A. More babies born healthy.
- B. Fewer expectant mothers who drink alcohol, smoke and use other drugs.
- C. Fewer young children exposed to tobacco smoke at home.
- D. More children who are up-to-date with immunizations at age 2.
- E. Fewer young children with health problems because they don't eat healthy food.
- F. Fewer young children with anemia.
- G. Fewer children age 2 to 4 with cavities in their primary teeth.
- H. Fewer preventable hospitalizations for chronic illness among young children, such as pediatric asthma, pneumonia or influenza.
- I. Fewer parents and young children with mental and behavioral problems.

- J. Fewer young children with high levels of lead in their blood.

Samples of resources to build upon

- Comprehensive health services—prevention, intervention, treatment and referrals—at 21 school sites, family resource centers.
- Primary health care—exams, injuries, immunizations, etc.—at 11 school sites.
- Health care services at 34 community health clinics.
- Financial assistance and services to community health clinics in order to strengthen the healthcare safety net for the medically underserved.
- Health coverage for low-income children (Medi-Cal and Healthy Families).
- Community wellness services, in-home meals delivery, AIDS projects, health library and volunteer programs.
- Reimbursements to clinics and physicians for comprehensive health assessments, immunizations and referrals.
- Specialized medical care and rehabilitation for children with special health care needs
- Early intervention for infants and toddlers with disabilities and their families.
- Comprehensive prenatal services to Medi-Cal–eligible pregnant and postpartum women (up to two months) including nutrition, psychological and health education.
- Supportive services and comprehensive case management—home visits, health education, information and referral, etc.—to pregnant and parenting teens until their 20th birthday.
- Culturally sensitive case management, outreach, follow-up support and empowerment services to pregnant African-American women and their families.
- Health outreach services to various underserved groups.
- Mobile health services to low-income children and families in targeted areas of the county.

Relevant best practices

- California Healthy Start Initiative: Appendix D, Page D-6
- Hope Street Family Center: Appendix D, Page D-7
- Prenatal/Early Infancy Project: Appendix D, Page D-2
- Center-Based Child Development Programs: Appendix D, Page D-3

STRATEGY 5

Nutrition

Enhance current programs (such as those at child care centers, schools, etc.) to improve nutrition among children and families. Increase funding of these programs (such as WIC) to serve more families who are not currently eligible. Expand nutrition education through all means.

Recommended funding level

- 3 percent over three years

Funding assumptions

- Target low-income children and families.
- Use Prop. 10 funds to enhance existing nutrition education programs and services.
- Fund for three years or more depending on evaluation results.

Gaps addressed

HEALTHY FAMILIES

- More comprehensive and culturally appropriate nutrition programs are needed.

Goals and long-term objectives addressed

GOAL 2. All children are born healthy and experience optimal health.

- A. More babies born healthy.
- E. Fewer young children with health problems because they don't eat healthy food.
- F. Fewer young children with anemia.
- G. Fewer children age 2 to 4 with cavities in their primary teeth.
- H. Fewer preventable hospitalizations for chronic illness among young children, such as pediatric asthma, pneumonia or influenza.

GOAL 3. Young children will actively learn about themselves and their world, both inside and outside the home, and will enter school fully prepared to succeed academically, emotionally and socially.

- C. More children entering kindergarten ready for school.

Samples of Resources to Build Upon

- Voucher program for nutritious foods, nutrition education, counseling and referrals for pregnant and postpartum women plus chil-

dren under 5 through 13 local (WIC) programs

- Nutrition education to low-income and underserved
- Nutrition education to community members and providers
- Breastfeeding education and assistance to mothers
- Coordination for individuals and agencies promoting nutrition and feeding resources and services for high-risk infants and children.

Relevant best practices

- WIC: Appendix D, Page D-7
- Food Stamp Program: Appendix D, Page D-8
- Child and Adult Care Food Program: Appendix D, Page D-8
- School Breakfast Program: Appendix D, Page D-8
- National School Lunch Program: Appendix D, Page D-8
- Baby Friendly Hospital Initiative: Appendix D, Page D-8

STRATEGY 6

Child Development Workforce

Expand and retain a highly qualified child development workforce by improving wages and benefits (via stipends and a PERS-type benefits program), establishing a Professional Development Academy that includes standard training as well as providing training in cultural competence and special needs, encouraging use of curricula to promote healthy behaviors, offering education support services for child care professionals (loans and grants), connecting health and other agencies with providers for training, and encouraging business development through a county-wide recruitment plan for family child care providers and child development teachers, with special recruitment and training of ethnically diverse child care providers.

Recommended funding level

- 13 percent over three years

Funding assumptions

- Implement countywide.
- Emphasize improved child care wages and connecting child care providers to health, mental health and family assistance agencies.

- Use Prop. 10 funds for start-up capital, operational support for new programs or enhancement of existing workforce development efforts.
- Fund for three years or more depending on evaluation results.

Gaps addressed

CHILDREN PREPARED TO SUCCEED

- Child care demand is greater than the supply.
- There is a child care staffing crisis.
- Not enough child care is available during non-traditional hours.
- There is not enough culturally appropriate child care.
- There is not enough child care for children with special needs.
- Children need to be better prepared for kindergarten.

Goals and long-term objectives addressed

GOAL 1. Families provide safe, stable, loving and stimulating homes for children.

- D. More families who can afford food, child care, health care, housing and transportation.

GOAL 3. Young children actively learn about themselves and their world, both inside and outside the home, and enter school fully prepared to succeed academically, emotionally and socially.

- C. More children entering kindergarten ready for school.

Samples of resources to build upon

- Child care provider trainings through non-profits and local community colleges
- Workshops for child care providers addressing physical health and safety

Relevant best practices

- TEACH: Appendix D, Page D-4
- Child Care WAGES: Appendix D, Page D-4
- California CARES: Appendix D, Page D-4



STRATEGY 7

Child Care Subsidies

Expand subsidies to make quality child care available to more low-income families in the county by increasing direct and Alternate Payment Provider subsidies, creating a child care fund for foster parents of young children, subsidizing school-site child care for teen mothers and/or advocating to raise eligibility levels for subsidized child care.

Recommended funding level

- 12 percent over three years

Funding assumptions

- Target working poor and foster parents.
- Use Prop. 10 funds to expand the amount of subsidy available to families and to leverage other public funds.
- Fund for three years or more depending on evaluation results.

Gaps addressed

CHILDREN PREPARED TO SUCCEED

- Not enough funds exist for the subsidies needed.
- Children need to be better prepared for kindergarten.

Goals and long-term objectives addressed

GOAL 3. Young children actively learn about themselves and their world, both inside and outside the home, and enter school fully prepared to succeed academically, emotionally and socially.

C. More children entering kindergarten ready for school.

Samples of resources to build upon

- Not applicable

Relevant best practices

- Not applicable

STRATEGY 8

Child Care Facilities

Establish a countywide child care facilities fund and action plan that would result in new and expanded facilities. This could include advocating to change zoning and other restrictions, improving existing family child care homes and child care centers via loans and grants, providing start-up support and resources for family child care providers and providing technical assistance (e.g., construction, financing, etc.).

Recommended funding level

- 2 percent over three years

Funding assumptions

- Emphasize services for child care programs in low-income areas for the first year or two; in year three implement countywide.
- Use Prop. 10 funds for operational support and enhancement for existing programs.
- Fund for three years or more depending on evaluation results.

Gaps addressed

CHILDREN PREPARED TO SUCCEED

- Child care demand is greater than the supply.
- There is not enough child care during non-traditional hours.
- Children need to be better prepared for kindergarten.

Goals and long-term objectives addressed

GOAL 3. Young children actively learn about themselves and their world, both inside and outside the home, and enter school fully prepared to succeed academically, emotionally and socially.

C. More children entering kindergarten ready for school.

Samples of resources to build upon

- Not applicable

Relevant best practices

- San Francisco Child Care Facilities Fund (CCFF): Appendix D, Page D-4



STRATEGY 9

Early Identification of Learning Differences

Increase early identification for children with impairments to learning and link to appropriate intervention services. This includes increasing partnerships between health providers and child development professionals, offering on-site screening and detection at child care locations, and educating parents about early detection and intervention through their child care providers.

Recommended funding level

- 8 percent over three years

Funding assumptions

- Emphasize services for child care programs in low-income areas for the first year or two; in year three implement countywide.
- Use Prop. 10 funds for operational support and enhancement for existing programs.
- Fund for three years or more depending on evaluation results.

Gaps addressed

CHILDREN PREPARED TO SUCCEED

- Children need to be better prepared for kindergarten.

Goals and long-term objectives addressed

GOAL 2. All children are born healthy and experience optimal health.

- I. Fewer parents and young children with mental and behavioral problems.

GOAL 3. Young children actively learn about themselves and their world, both inside and outside the home, and enter school fully prepared to succeed academically, emotionally and socially.

- B. More parents who understand and are able to support the healthy development of children age 0 to 5.
- C. More children entering kindergarten ready for school.

Samples of resources to build upon

- Assessment and intervention services in child's home, child care facility, or agency center
- Training for child care providers to identify potential concerns or problems

Relevant best practices

- Center-Based Child Development Programs: Appendix D, Page D-3
- Hope Street Family Center: Appendix D, Page D-7

STRATEGY 10

Affordable Enrichment Programs

Increase affordable enrichment programs (art, music, drama, drawing, dancing and other creative activities) for young children. Integrate children with special needs and from all cultures rather than separating them. Offer these programs at existing community/youth centers, one-stops and schools, at times when parents can participate and with opportunities for them to volunteer.

Recommended funding level

- 2 percent over three years

Funding assumptions

- Target low-income participants.
- Use Prop. 10 funds to lower costs of existing programs for low-income children.
- Fund for three years or more depending on evaluation results.

Gaps addressed

SAFE NEIGHBORHOODS AND COMMUNITIES

- Parks and streets in some communities not safe.

- Families need more places where children and youth can play.

Goals and long-term objectives addressed

GOAL 3. Young children actively learn about themselves and their world, both inside and outside the home, and enter school fully prepared to succeed academically, emotionally and socially.

- C. More children entering kindergarten ready for school.

GOAL 4. Neighborhoods and communities are places where children are safe, neighbors are connected and all cultures are respected.

- C. More families with young children connected to neighbors and other community members.

Samples of resources to build upon

- Too numerous for review

Relevant best practices

- Family Resource Centers: Appendix D, Page D-6



STRATEGY 11

Neighborhood-Based Initiatives

Strengthen and expand neighborhood associations and other neighborhood-based initiatives in areas that need assistance and ensure that outreach and services are culturally appropriate. This could include linking with parent educators, creating babysitting co-ops and playgroups, providing tutoring, conducting needs assessments and asset mapping within neighborhoods, partnering with police and fire services for neighborhood watch and emergency preparedness programs, holding regular community gatherings and cultural activities, creating neighborhood bartering clubs, creating community gardens and partnering with community-based organizations to serve apartment complexes. It also includes linking association leaders with one another, linking association members with the ambassador program, increasing cultural competency among law enforcement, and linking schools and neighborhood groups.

Recommended funding level

- 4 percent over three years

Funding assumptions

- Target neighborhoods with significantly greater number of families with young children that are not currently organized.
- Use Prop. 10 funds for start-up capital and operational support for new initiatives.
- Fund for three years or more depending on evaluation results.

Gaps addressed

SAFE NEIGHBORHOODS AND COMMUNITIES

- Tolerance of diverse races, cultures and lifestyles must be increased.
- Families need more safe places where children and youth can play.
- More opportunities needed for community members and neighbors to connect.
- More children need to be protected from injury.

Goals and long-term objectives addressed

GOAL 1. Families provide safe, stable, loving and stimulating homes for children.

- A. More parents who feel knowledgeable and confident about raising healthy children.

GOAL 4. Neighborhoods and communities are places where children are safe, neighbors are connected and all cultures are respected.

- A. More young children who are safe walking, bicycling, playing or riding in a car in their communities.
- B. More families and children who feel accepted in their communities and not negatively affected by prejudice.
- C. More families with young children connected to neighbors and other community members.

Samples of resources to build upon

- Community organizing.
- Community-based organizations.
- Clearinghouse and resource center for neighborhood organizing.
- Community development departments and other city departments.

Relevant best practices

- Allegheny County Family Support Centers: Appendix D, Page D-6

7. Funding Allocation Process

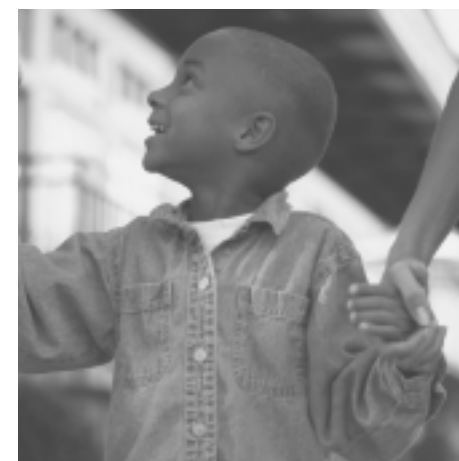
The Commission has selected eleven strategies to fund over the first three years and has assigned funding percentages to each strategy. To complement the findings, the Commission is in the process of developing an allocation process. Consideration is being given to how funds will be allocated within each strategy. Among the areas to be addressed will be the following:

- What populations are to be served?
- Will the funds be used for direct service?
- Will the funds be allocated for a capital project?
- What percentage will address advocacy services?
- Will funds be divided between different types of providers (e.g., government agencies, community-based providers, neighborhood associations)?

- How much funding will be allocated to expand existing programs?
- How much funding will be allocated for start-up programs?
- What requirements will be included for leveraging funds?
- What percentage will be allocated for programs offering long-term outcomes?
- What percentage will be allocated for programs offering immediate results?

The Commission has received a significant amount of input from community members and service providers. Below are some of the values participants identified as critical to the success of the allocation process:

- **Cultural and Linguistic Competency**—
The capacity of a provider to offer services in a culturally and linguistically competent manner is particularly important in a region





with such a rich ethnic and linguistic diversity.

- **Integrated Continuum of Services**—In order to eliminate gaps within the continuum of care, services need to be integrated to best serve children 0 to 5 years of age.
- **Accessibility**—Services designed with accessibility in mind reflect a provider's understanding of the community being served.
- **Non-Traditional Services**—Programs and services that emphasize innovation and creativity, however non-traditional they may be, increase chances of reaching unserved and underserved populations.
- **Collaboration**—The opportunity exists to build effective partnerships by encouraging action-oriented and results-driven collaborations in the allocation process.

- **Capitalizing on Family Strengths**—Successful programs and services build upon the strengths of families and children.
- **Priority Based on Need**—Value all children. Provide them with the ability to succeed, particularly those most vulnerable.
- **Technical/Incubation Assistance**—By offering technical assistance, start-up groups become engaged in the process and existing programs are bolstered, improving their responsiveness to community needs.

The Commission has benefited from these recommendations and will offer further opportunities for community input once the draft of the allocation process is completed.

8. Evaluation Plan

The Commission's plan for evaluation combines the state requirements for assessing the impact of services from an outcomes perspective with the Commission's need to establish process measures and build local capacity to measure outcomes. The Commission views its first evaluation priority as starting the long-term process of capacity building and creating baseline information against which progress can be measured. The Commission will establish performance expectations at three levels of impact.

- **Individual Children and Families**—The first level of impact will be the individual children and families who use Commission-funded services. For them, the evaluation will establish expected outcomes or measures of change over time.
- **Service System**—The evaluation will establish expectation for changes in the service delivery system, as well as the capacity of

individual service providers, that reflect the Commission's goals.

- **Community**—The ultimate measure of the effectiveness of the Commission's work will be improvements in the well-being of all children and families in Santa Clara County. The evaluation will document changes in indicators of the status of children and families. In addition, the Commission will conduct periodic surveys of community residents to assess attitudes and behaviors related to young children.

The Commission will use several methods to document its impact, including:

- **Service Provider Reports**—The Commission has established goals, objectives and indicators for each of its key outcome areas. The evaluation will translate these expectations into specific process and outcome reporting requirements. As a requirement of funding, providers will collect and

report data about service users and changes in their status over time.

- **Service Provider Self-Assessments**—Service providers will conduct self-assessments. The self-assessments will document changes in organizational capacity, participation in service integration and responsiveness to changing community needs.
- **Community Indicators**—The Commission will identify community-level indicators that best reflect their expectations for community-wide change. Most of these indicators will be available from secondary sources.
- **Community and Service User Surveys**—Service users will be asked to evaluate the services they receive in terms of quality, responsiveness, access and impact. The residents of the county (parents of young children and others) will be asked about the Commission's work and their recommendations for the future.



Evaluation Advisory Group

There will be an evaluation advisory group responsible for ensuring that the evaluation is responsive to community input, feasible for providers to implement and addresses the critical issues facing young children and their families in Santa Clara County. Service users, service providers and general community members will serve on this oversight group. They will review the evaluation design and data collection tools, monitor the impact of the evaluation of service users and providers and make recommendations to the Commission for improvements in the evaluation.

Phasing in the Evaluation

The Commission will implement the evaluation design over three years. In the first year, the evaluation will collect basic process information and limited outcome information from all providers using their existing instruments. In the second year, the evaluation will begin to collect some short-term outcome data and all process data using standardized tools. By year three, the evaluation will begin documenting the long-term outcomes of services while continuing to collect process and short-term information as well. The Commission will provide expert training, consultation and other support to allow service organizations to increase their skills. This will continue during the three-year period of evaluation phase-in.

9. A Call to Action

The Proposition 10 Strategic Plan was the creation of the people of Santa Clara County—from parents and child care providers to health care professionals and policymakers.

Now is not the time for the hundreds of people involved to take a step back and watch how the plan is implemented. It is time for all of us to continue our involvement and make it happen. Although it sounds like a lot of money, \$27.5 million (an amount that will decrease over time) is actually a small amount when one considers the ambitious scope of work laid out in this plan.

It will not all happen without more involvement, more support—financial and otherwise—from all sectors of our community. What can **you** do?

Parents—Continue to monitor how the plan is implemented and look for opportunities to voice your needs to the Commission and to

agencies who can apply for funding to provide the services you need. Perhaps more importantly, you can team up with your neighbors—either in an existing neighborhood association or a new association of neighbors—and develop a Prop. 10-fundable program to serve the specific needs of your neighborhood.

Community Members—Get to know the children in your neighborhood. Become a mentor and a role model for the kids around you.

Community-Based Organizations and Other Nonprofit Providers—Look for opportunities to expand your successful programs and to team up with one another to enhance or create new programs to meet the plan's goals and objectives. Identify opportunities to integrate your services with those of other organizations.

Foundations and Other Funders—Work with your grantees and each other to develop Prop. 10 proposals that will leverage other resources.



Santa Clara County



Policymakers and Public Agency Staff—This plan and the needs articulated in it present an unusual opportunity to tailor services to help families be more successful in Santa Clara County. Express your leadership by making clear policy changes to support children and families in every aspect of their lives.

Business Community—Step up to the plate and acknowledge that you, too, bear a responsibility to the children of our county and look for opportunities to contribute—either through supporting employees who are parents through policies, subsidies and on-site services, or by becoming a partner in funding programs that will meet the plan’s goals and objectives. Better yet—actively help implement the 21 strategies in this plan.

These are just a few examples of what specific groups can do to ensure that the work done over 1999-2000 to identify the needs of young children and their families and develop recommendations to meet those needs is not going to sit in a thick planning document, getting dusty on planners’ shelves or propping open a door.

The document you hold in your hands carries the hopes and aspirations of 160,000 youngsters—your sons, your daughters, your nieces and nephews, your grandchildren, your neighbor’s children, your friend’s children.

Don’t let children—any of them—fall through the cracks. Be part of the safety net that ensures that they thrive—physically, emotionally, intellectually and spiritually.

Make it happen.